

INITIAL INSPECTION FORM

Inspector(s):

Inspection Date:

Inspection Time:

Limiting Conditions:

I. GENERAL:

Business Name:

Address:

Phone:

Name and Title of Facility

Representative(s) At Inspection:

Name and Title of Correspondence

Contact Person:

Type of Business/Operations:

Average Production Rate:

Number of Employees:

Shifts:

Normal Days of Operation:

Water Supplied By:

☐ 5 days/week

☐ 7 days/week

☐ other _____

City of Helena

Is there an Industrial Waste Permit
on file for occupant?

☐ YES

☐ NO

II. SUPPLY:

Raw Materials/
Chemicals:

Use:

Storage

Location:

Storage

container (AST,
UST, drum, tote,
etc), number
present, and
size:

Staining/
evidence of
spills:

SUPPLY continued:

| | | | | | |
|--|--|--|--|--|--|
| How are supply chemicals handled/ transferred to processing equipment/ area for use? | | | | | |
| Floor drains in storage/ handling/use areas? (Y/N) | | | | | |
| Location of floor drains in storage or use area? | | | | | |
| Adequate spill containment? (Y/N) | | | | | |
| If stored outside, are chemicals covered? (Y/N) | | | | | |
| Potential for spill to reach sanitary sewer or storm sewer? (Y/N) | | | | | |
| Notes: | | | | | |

III. PROCESS/OPERATIONS:

| | | | |
|---------------------------------------|------------------------------|-----------------------------|--|
| Restaurant/ food preparation present? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES, include additional oil/grease information: |
| Photography, x-ray, or print shop? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES, include additional silver information: |

PROCESS/OPERATIONS continued:

**Sand
interceptor:**

| Operation/Use | Present? (Y/N) | If YES, are floor drains present? (Y/N) | If YES, do floor drains connect to an interceptor? (Y/N) |
|---------------|----------------|---|---|
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| | | | |
| | | | |

**Description of
processes/
operations at
the facility:**

Products:

PROCESS/OPERATIONS continued:

| | | | |
|--|--|--|--|
| Floor drain(s) located in process areas? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Potential for spill to reach sanitary sewer? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If YES, location of each drain: | | |
| Adequate spill containment in process areas? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | If NO, explain: | | |

IV. WASTE:

Discharged Waste Streams (to sanitary sewer)

| Waste Streams Discharged to Sanitary Sewer | Volume Generated (Per Day, Month, etc.) | Discharge Frequency |
|--|---|---------------------|
| | | |
| | | |
| | | |
| Does the Facility treat the process water in any way before discharging to the sanitary sewer? | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If YES, describe the system and identify the waste streams treated: | | |
| | | |

Non-Discharged Waste Streams (any type of liquid or solid waste that is not discharged to the sanitary sewer, except DOMESTIC TRASH) Attach manifests and/or receipts, if applicable.

| Waste Streams NOT Discharged to Sanitary Sewer: | Volume Generated (Per Day, Month, etc.): | Storage Location |
|---|--|------------------|
| | | |
| | | |
| | | |

WASTE continued:

| | | | | | |
|--|---|-------------------|--|--|--|
| Storage container (AST, UST, drum, tote, etc), number present, and size: | | | | | |
| Staining/ evidence of spills: | | | | | |
| Floor drains in storage area? (Y/N) | | | | | |
| Location of floor drains in storage area? | | | | | |
| Adequate spill containment? (Y/N) | | | | | |
| If stored outside, are wastes covered? (Y/N) | | | | | |
| How is the waste handled/ transferred to its storage area? | | | | | |
| Potential for spill to reach sanitary sewer or storm sewer? (Y/N) | | | | | |
| Waste Transporter/ Destination | | | | | |
| Records Adequate? (Y/N) | | | | | |
| Evidence of improper disposal/ staining around dumpster(s)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, describe: | | | |

V. STORMWATER:**Location**

| | |
|---|--|
| Storm drains present? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES, and process water can reach them, notify Sewer Maintenance. | |

VI. Sample of Discharge:

| | |
|-----------------------------|--|
| Type of Sample per SAP | |
| On site pH of Discharge | |
| Calibration of pH Meter | |
| Laboratory Name and Address | |
| Suite of Parameter per SAP | |

VII. ADDITIONAL INFORMATION:**Additional Information**

| | |
|-----------------|--|
| Cooling Waters: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Boilers: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Spill Plan: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Other: | |

VIII. COMMENTS AND RECOMMENDATIONS:

| | |
|------------------|--|
| Comments: | |
| Recommendations: | |
| Requirements: | |

REPORT COMPLETED BY:**DATE:**